

## Summary of Community DSAT Evaluation Measures

This summary was developed drawing from the DSAT publications and materials prepared by Jamieson, Beals, Lalonde, & Associates Inc. the Canadian consulting firm charged with developing the Differential Substance Abuse Treatment (DSAT) Model for the State of Maine Department of Developmental and Behavioral Services (DBS), Office of Substance Abuse (OSA). Please refer to the bibliographic listing at the end of this document for a full listing of the references used in compiling the information below.

### Background:

All of the program measures and psychometric instruments administered during the Community DSAT Program are intended to serve as both tools for the ongoing assessment and treatment planning process for clients; as well as measures for outcome evaluation and research on the DSAT treatment model. Starting with the Computerized Screening Assessment (an automated computer assessment tool for screening clients severity of substance abuse problems) psychometric instruments and other program measures are used to match clients to the appropriate level of DSAT services, assist in treatment planning, and assess client progress in treatment.

A DSAT Comprehensive Assessment (CA) is conducted on MDOC clients who receive a CSA score of Moderate (3) to Substantial (4), or when the CSA score is being questioned. The DSAT CA is a “face-to-face” assessment with a DSAT trained treatment provider to determine a final program recommendation. The purpose of the CA is to assure that a client’s overall substance abuse profile is matched to the appropriate level of programming according to their criminal need/risk and substance abuse severity.

The DSAT CA Interview (CAI) lasts approximately 1-1.5 hours and is used to confirm the client’s CSA severity score, establish rapport, motivate DSAT participants, and collect information for treatment. During the CAI the DSAT facilitator administers the Problem Solving Scenarios and Facilitator Rating Scales for the first time. Copies of all DSAT CAI’s that are completed are forwarded to the DSAT evaluators at the University of Southern Maine.

The Participant Summary Booklet is located at the back of the CAI instrument and is designed to provide an easy method of organizing all assessment measures that are administered over the course of the DSAT program. This includes: all in-program performance measures (i.e. psychometric tools); all problem-solving scenarios, and the facilitator rating scales. DSAT facilitators are instructed to insert information collected over the course of the delivery of the DSAT Community Treatment program directly into the Participant Summary Booklet. Copies of the Participant Summary Booklet are forwarded to the DSAT evaluators at the University of Southern Maine once a client completes or terminates their participation in the DSAT program.

DSAT facilitators receive extensive training in the administration, scoring, and tracking of all the measures outlined below. Facilitators also receive ongoing feedback on their use of these instruments through regular clinical supervision, statewide monthly Treatment Advisory Group (TAG) meetings and minutes, and DSAT booster training events.

### **Outline of DSAT Measures/Assessment Instruments:**

The outline below presents all the assessment instruments that are administered over the course of delivering the DSAT program. The measures are listed according to the sequence in which they are administered over the course of DSAT program delivery.

#### **A. Comprehensive Assessment**

- DSAT Interview Rating Sheet
- Problem Solving Scenarios \*
- Pre-Treatment Rating Scale ♦

#### **B. Intensive Phase of the DSAT Program**

- Pre-Treatment Questionnaire Battery ❖
- Inventory of Drug-Taking Situations (IDTS) during Session #5 ☼
- Post-Intensive Questionnaire Battery ❖
- Problem Solving Scenarios \*
- Post-Intensive Facilitator Ratings ♦

#### **C. Maintenance Phase of the DSAT Program**

- Pre-Maintenance Drug Taking Confidence Questionnaire (DTCQ) ✕
- Post-Maintenance Drug Taking Confidence Questionnaire (DTCQ) ✕
- Post-Maintenance Questionnaire Battery ❖
- Problem Solving Scenarios \*
- Post-Maintenance Facilitator Ratings ♦

### **Overview of Specific Measures**

#### **DSAT Interview Rating Sheet**

The DSAT Interview Rating Sheet is completed by the CAI interviewer immediately following the completion of the CAI. Interviewers are instructed to refer to all of the client's completed CA questions when answering the 11 questions of the DSAT rating sheet. Responses to each item are assigned a point value from 0-3 and these points are summed to provide a total score of up to 15, with a higher score indicating a higher level of treatment need. This rating sheet is designed to assist the interviewer in collating and organizing the data gathered in the CAI to provide a clinical summary. It may also be used for research purposes. The value and meaning of these scores will be established over time with the continued use of this interview rating sheet.

#### **\* Problem Solving Scenarios –**

The Problem Solving Scenarios are administered three times during the course of Community DSAT program delivery. First during the Comprehensive Assessment, then after completion of the DSAT Intensive Phase, and again following completion of the DSAT Maintenance Phase. Five problem solving scenarios are read to the participant and answers are recorded as verbatim as possible. DSAT Facilitators are instructed to skip scenario #4 if the client has never used alcohol.

Participants are then asked to rate their confidence that they could avoid using in this situation (four scenarios) or handle this situation safely (one scenario). A ten point rating

scale is used for all five scenarios with 1 being “No confidence at all” and 10 being “Completely confident”. The same five scenarios are used at each point that they are administered in both the men’s and the women’s program. Each of the five scenarios focus on a specific situation where the participant is feeling pressure to use (scenarios 1, 2, 3, & 5) or to drive while intoxicated (scenario 4).

The five problem solving scenarios are found at the end of the Comprehensive Assessment (page 28 men’s CA, & pg. 29 women’s CA), they are also included in the Participant Summary Booklet. Both the CA and the Participant Summary Booklet are sent to the evaluation team after completion. The same five problem solving scenarios are used in the men’s and women’s program with some slight adjustment in the situation to make the scenario believable and relevant for the gender of the participant.

The Problem Solving Scenarios (PSS) were originally developed by the Correctional Service of Canada for the Offender Substance Abuse Pre-Release Program (prison) and the Choices Relapse Prevention Program (community) in the early 1990s. The scales have been subject to well-controlled research studies. The DSAT PSS were modified to reflect the direction in the current curriculum design.

#### ◆ Facilitator Ratings -

Facilitator Ratings are administered three times during the course of Community DSAT program delivery. First during the Comprehensive Assessment, then after completion of the DSAT Intensive Phase, and again following completion of the DSAT Maintenance Phase. The Facilitator Ratings consist of eight questions (pre-treatment and post-intensive) or 9 questions (post-maintenance) that are rated on a scale of 1 to 5 with 1 being “lacking the skill” and 5 “having this skill.”

The Facilitator Ratings are used to determine an overall pattern of skill deficits that guide the DSAT facilitator initially in assessing the client’s appropriateness for treatment and the development of treatment recommendations and/or a treatment plan. Later they provide the DSAT facilitator with a way to assess the client’s in-program performance and progress. Facilitators are taught how to use these rating scales during their initial 10-day DSAT Facilitator training.

The nine areas assessed by the Facilitator Rating Scales Include the following in the order they appear. Note item \*9, regarding aftercare, is only rated in the post-maintenance ratings.

1. Recognition of Substance Abuse Problem
2. Degree of Understanding of Personal Use
3. High-Risk Identification Skills
4. Problem Solving
5. Social Skills
6. Goal Setting
7. Level of Commitment to Making Changes
8. Overall Coping Skills
9. \*Acceptance of Aftercare

Similar to the PSS, the Facilitator Ratings (FR) were first developed by the Correctional Service of Canada for the Offender Substance Abuse Pre-Release Program (prison) and the Choices Relapse Prevention Program (community) in the early 1990s. The scales have been subject to well-controlled research studies. The DSAT FR were modified to reflect the direction in the current comprehensive assessment and treatment design.

### ❖ **DSAT Questionnaire Battery**

The DSAT Questionnaire Battery is administered three times during the course of Community DSAT program delivery. During the first or second session of the Intensive Phase (Booklet 1: Pre-Treatment Questionnaires); in the last session of the Intensive Phase (Booklet 2: Post-Intensive Phase Questionnaires); and during the second to the last session of the Maintenance Phase (Booklet 3: Post-Maintenance Phase Questionnaires).

The Pre/Post Program Questionnaire Battery is designed to measure changes in key aspects of DSAT participant thinking and behavior from the beginning to completion of the DSAT Community Treatment Programs. Although the DSAT programs are designed to cover a broad range of inter-related areas associated with the use of alcohol and drugs, the Questionnaire Battery is selective in its approach. Dimensions of the participant's functioning that have been demonstrated to be related to their post-treatment use of alcohol and drugs are targeted. In short, only certain dimensions of participant functioning and outlook are predictive of post-treatment behavior. Accordingly, the Questionnaire Battery measures these characteristics rather than providing a more comprehensive measurement of the material that is provided to participants during the DSAT programs. Over the long-term, these tools will assist DSAT facilitators in making objective and quantitatively-based judgments on the extent to which participants have progressed in the DSAT programs and to gauge their risk for future use of alcohol and drugs.

The Pre/Post Questionnaire Battery applies to all DSAT Community Programming. In other words, the pre/post questionnaire batteries can be used interchangeably for any of the DSAT (Community) programs.

The Questionnaire Battery consists of four standardized instruments that, in general, measure the participant's outlook toward coping with situations that are high risk for use of alcohol and drugs. The entire Questionnaire Battery is fairly brief and under normal circumstances, should take no more than 20-30 minutes to complete. The four instruments are as follows:

#### **1. Alcohol and Drug Refusal Self-Efficacy Questionnaire (ADRSEQ)**

The ADRSEQ (R.M. Young and R.G. Knight, 1989) is a 3-factor, 31-item measure that has been slightly modified from its original form to assess drinking and drug use-related self-efficacy. The three factors are drinking and drug use in situations characterized by social pressure, emotional relief, and opportunistic drinking and drug use. Four items have been added to the original version (items 25, 26, 27 and 35), to enhance its capacity to address situations pertaining to women, yielding a 3-factor, 35-item measure that is used in the women's program. The ADRSEQ can be used to follow progress in treatment, and it can also be used to plan treatment.

The original instrument (alcohol only) can discriminate between problem drinkers. The instrument has been widely used in research for understanding and treatment of substance abuse problems.

## **2. Drug Avoidance Self-Efficacy Scales (DASES)**

The DASES (G.W. Martin, unpublished doctoral dissertation, University of Toronto 1992) consists of 16 items. For each item, participants are asked to imagine themselves in a particular situation and to rate their level of confidence (self-efficacy) to resist drug use in that situation. The DASES covers a broad range of levels of confidence and has been shown to be sensitive to changes in self-efficacy associated with treatment as well as to post-treatment adaptation to the natural environment following inpatient treatment.

The DASES was developed for use with young drug abusers and provides a measure of treatment progress with regard to coping with risk situations. The DASES is useful as an outcome measure because it has demonstrated predictive validity; that is, scores on the scale have been shown to predict subsequent substance use behavior. Self-efficacy assessed at the completion of treatment was a significant predictor of drug use. There is also evidence supporting the general validity and reliability of the scale, although its use has been restricted to young multiple drug users.

## **3. Coping Behaviors Inventory (CBI)**

The CBI (G.K. Litman, J. Stapleton, A.N. Oppenheim and M. Pelag , 1983) is a 36-item inventory that assesses the alcohol/drug user's use of coping strategies in response to an urge to drink or use drugs. The CBI was designed specifically to assess the behaviors and thoughts of substance abusers in response to external circumstances or internal mood states to prevent, avoid, or control the resumption of use. The inventory consists of 14 cognitive and 22 behavioral items.

Research suggests that it is a reliable and valid measure of the frequency of use of cognitive and behavioral coping responses. Use of the CBI in outcome studies has shown the measure to be a sensitive indicator of change following addictions treatment. The scale has been applied to male and female substance users from a range of age groups including adolescents, adults, and the elderly.

## **4. Commitment Scales (CS)**

The Commitment Scales (S.M. Hall, B.E. Havassy and D.A. Wasserman, 1990) are two simple 10-point scales that are designed to measure the participant's commitment to abstaining from or changing their use of alcohol/drugs.

Research suggests that the degree of commitment to a goal of abstinence is one of the most effective predictors of treatment outcome in substance users. In fact, commitment to abstinence has been found to be the single best predictor of use status after treatment, regardless of degree of treatment participation. The scale has been used with a wide range of substance using adults in treatment, including those who use alcohol, opiates, cocaine and nicotine.

❖ **Inventory of Drug-Taking Situations (IDTS):** this instrument is purchased directly from the Addiction Research Foundation in Toronto Canada by agencies providing DSAT treatment services. Results are recorded in the Participant Summary Booklet.

The Inventory of Drug-Taking Situations (IDTS) is only administered at one point in the DSAT program, during Session #5 on risk situations, in the Intensive treatment phase. The IDTS (H. Annis, N.E. Turner, S.M. Sklar, 1997) was developed by the Addiction Research Foundation in Canada, and is similar to the 100 item Inventory of Drinking Situations (IDS; Annis, Graham, Davis, 1987). The IDTS measures risk for drug use as well as heavy drinking and therefore provides a comparison of risk situations for different substances. The IDTS is a 50-item self-report questionnaire that generates individual profiles of clients drug and/or alcohol use situations over the last year. Client's rate each of the 50 situations using a four point scale of Never (1) to Almost Always (4).

This instrument was originally developed for use in cognitive-behavioral programming to identifying client risk situations. The IDTS consists of two questionnaires (one for alcohol, one for other drugs) that assess a client's substance use over the same 50 risk situations. Up to three substances that are causing the client problems can be identified and assessed using the IDTS instrument. Results from each IDTS administered assist the therapist and client in identifying specific triggers for each substance.

The IDTS is a well-validated assessment tool that has been used in a wide array of clinical and treatment contexts. This instrument is appropriate for use in both individual and group programs, and with clients whose substance problems range from mild to severe. Within the Community DSAT program, the IDTS is used to provide a individualized profile of a client's drug and/or alcohol use. This information is used to plan treatment, identify and address high-risk triggers for relapse, and assist in planning for aftercare.

✖ **Drug Taking Confidence Questionnaire (DTCQ):** this instrument is purchased directly from the Addiction Research Foundation in Toronto Canada by agencies providing DSAT treatment services. Results are recorded in the Participant Summary Booklet.

The Drug Taking Confidence Questionnaire (DTCQ : H. Annis, S.M. Sklar, N.E. Turner, 1997) was developed by the Addiction Research Foundation in Canada. The (DTCQ) is administered twice to DSAT participants during the first and the next-to-last sessions of the Maintenance Phase of DSAT treatment (Pre & Post-Maintenance). It is a 50-item self-report questionnaire that asks client's how confident they are that they would be able to resist the urge to drink or use a specific drug in 50 specific situations. Clients rate their confidence using a 6-point scale which ranges from 0% (not at all confident) to 100% (very confident).

Like the IDTS, the DTCQ can assess up to three specific substances that are identified as causing problems for the individual client. The drinking and drug-taking situations that the DTCQ assesses are based on an eight-category classification system developed by G.A. Marlatt and his associates (Marlatt, 1978, 1979; Marlatt & Gordon, 1980, 1985). The DTCQ was also developed using a previously validated measure, the Situational Confidence Questionnaire (SCQ; Annis & Graham, 1988). The SCQ also measured self-

efficacy related to situation-specific coping related to alcohol use, and was used in cognitive-behavioral therapy and studies of treatment outcome.

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